Form Approved, OMB No. 2050-0028 Expires 12/31/02 GSA No. 0246-EPA-OT

Date Received (For Official Use Only)

Please refer to Section V. Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of

Notification of Regulated Waste Activity

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EPA Form 8700-12 (Rev. 12/99)

-1 of 2-3 / 3/16/01

Form Approved, OMB No. 2050-0028 Expires 12/31/02 GSA No. 0246-EPA-OT

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Federal Express No. 316 8671 457

PROGRAM MANAGEMENT BRANCH
Waste, Pesticides & Toxics Division
U.S. EPA — REGION 5

March 7, 2001

Mr. Jim Pierce Illinois Environmental Protection Agency – Division of Land 1021 North Grand Avenue East Springfield, Illinois 62702 RECEIVED

MAR 0 8 2001

IEPA-DLPC

Dear Mr. Pierce:

Re:

Kinder Morgan Liquid Terminals, LLC, - Argo Terminal

8500 West 68th Street Argo, Illinois 60501

USEPA Generator I.D. No. ILD 005161476 Illinois Generator I.D. No. 0310120008

Until March 1, 2001, the Argo Terminal was owned and operated by GATX Terminals Corporation, a Delaware Corporation.

This letter is to inform you that on March 1, 2001, the acquisition of GATX Terminals Corporation, including the Argo Terminal, by Kinder Morgan Operating L.P. ("Kinder Morgan") was completed. As a result of this acquisition, Kinder Morgan will assume total operational responsibility for the Argo Terminal. GATX Terminals Corporation will no longer have any legal ownership of this facility.

As GATX Terminals Corporation will not retain any material interest in the Argo Terminal, we request that you transfer both the federal and state hazardous waste identification numbers associated with this facility to Kinder Morgan Liquid Terminals, LLC. EPA Form 8700-12 is enclosed to support this request.

Currently, no changes or modifications are anticipated at the facility as a result of this acquisition. Please continue to send correspondence regarding waste related issues to Dennis Majerczak at the facility address. If you have any questions, please contact me directly at (708) 496-2862.

Sincerely,

Kinder Morgan Liquid Terminals, LLC

Dennie & Majersak

Dennis E. Majerczak, P.E.

Environmental, Health and Safety Manager

Enclosure

cc:

Robert Granado Scott T. Kilkenny Matthew E. Marra Louis J. Zimmerman DEGETVED MAR 2 3 2001

RCRA KECURUS ROUM
Waste, Pesticides & Texics Division
U.S. EPA—REGION 5

Log #A015



217/782-6761

Refer to: 0310120008 -- Cook County

GATX Terminal Corporation

ILD005161476 RCRA Part A

February 3, 1988

Mr. H.J. Sanders GATX Terminal Corporation 67th Street and Archer Road P.O. Box 409 Argo, Illinois 60501

Dear Mr. Sanders:

This is in response to your request to withdraw the Part A application for the subject facility. An Agency review of records and an inspection of the facility conducted on October 17, 1986 confirms that this facility should be reclassified as a generator only status and the Part A withdrawn.

Your I.D. number (ILD005161476) will be retained in case this facility generates, stores, treats or disposes of regulated quantities of hazardous waste in the future.

Should you have any questions regarding this matter please contact Karen Nachtwey at (217) 782-0892.

Very truly yours,

Lawrence W. Eastep, P.E., Manager

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Permit Section

Division of Land Pollution Control

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PROCESSES (continued)

PACE FOR ADDITIONAL PROCESS CODES OR FUR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE NCLUDE DESIGN CAPACITY.

This application is for storage only for over 90 days prior to proper disposal by others. No disposal or treatment facilities are included.

DESCRIPTION OF HAZARDOUS WASTES

EPA HAZARDOUS WASTE NUMBER - Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous westes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

ESTIMATED ANNUAL CUANTITY LETO'S declibrated westered in column A estimate the quantity of that waste that will be handled on an annual basis. For the contaminant entered in column A estimate the total annual quantity of all the non-listed waste is that will be handled basis. For each characteristic or contaminant,

UNIT OF MEASURE - For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

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and the state of t If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

PROCESSES

1 PROCESS CODES.

- 1. PROCESS CODES:
 - For listed hazardous waste: For each listed hazardous waste entered in column A select the code (s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.
 - For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.
 - Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item (V-D(1)) and (3) Enter in the space provided on page 4, the line number and the additional code(s).
- 2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.
- TE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER Hazardous wastes that can be described by pre than one EPA Hazardous Waste Number shall be described on the form as follows:
- 1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.

 In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter
- 'included with above" and make no other entries on that line.
- 3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

KAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds in year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non—listed wastes. Two wastes a corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

	A. EPA		C.UNIT		
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26

A. NAME (print or type)

EPA Form 3510-3 (6-80)

Roy E. Liesch, Terminal Manager

DESCRIPTION OF HAZARDOUS WASTES

:tinued)

. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE

The waste is not normally generated, stored or shipped out for disposal where zero appears on the preceding page. It may be disposed of off site as a result of an unusual condition or accident.

EPA I.D', NO. (enter from page 1)	·	
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FACILITY DRAWING		
All existing facilities must include in the space provided on page 5	a scale drawing of the facility (see instruc	tions for more detail).
T. PHOTOGRAPHS	and the first and the second and the second and the second	
All existing facilities must include photographs (aerial or g treatment and disposal areas; and sites of future storage, tr	round—level) that clearly delineate a eatment or disposal areas (see instru	all existing structures; existing storage, ctions for more detail).
III. FACILITY GEOGRAPHIC LOCATION		No. 10 Page 10
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/III. FACILITY OWNER		
A. If the facility owner is also the facility operator as listed in skip to Section IX below.B. If the facility owner is not the facility operator as listed in		
1. NAME OF FACILITY'S	LEGAL OWNER	2. PHONE NO. (area code & no.)
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3. STREET OR P.O. BOX	4. CITY OR TOWN	S.ST. 6. ZIP CODE
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IX. OWNER CERTIFICATION		
I certify under penalty of law that I have personally exami documents, and that based on my inquiry of those individe submitted information is true, accurate, and complete. I ar including the possibility of fine and imprisonment.	uals immediately responsible for obt	aining the information, I believe that the
	GNATURE)	C. DATE SIGNED
R. W. Bogan - Vice President	KURDOGan	11/5/80
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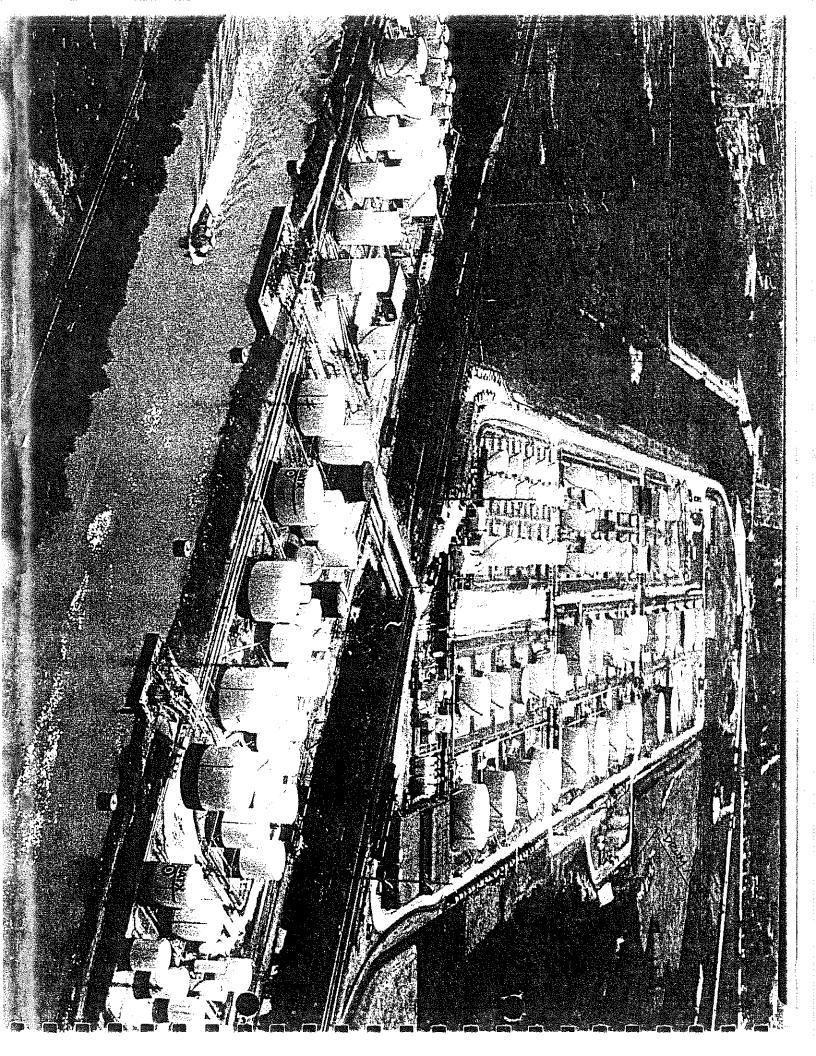
B. SIGNAFURE

PAGE 4 OF 5

C. DATE SIGNED

11/17/80

CONTINUE ON PAGE 5



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FACILITY OWNER GATX TERMINALS CORP

FACILITY LOCATION -----8500 W 68TH STREET BEDFORD PARK IL 60501

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all thomas information and the

CERTIFICATION REGARDING POTENTIAL RELEASES FROM SOLID WASTE MANAGEMENT UNITS

GATX Terminals Corporation
ILD 005161476
Bedford Park
Illinois
the following solid waste management units (existing or facility? NOTE - DO NOT INCLUDE HAZARDOUS WASTE UNITS IN YOUR PART A APPLICATION
YES NO X X X X X X X X X
estes treated, stored, or disposed at the facility except for
sold as fuel. These residuals, which have not been previousl carily stored in one of three tanks prior to being shipped ITSD facility. The material is manifested by request of the se of the characteristics exhibited (i.e. ignitability),

constituents are those listed in Appendix VIII of 40 CFR Part 261.

3.	For the units noted in Number 1 above and also those hazardous waste units
	in your Part A application, please describe for each unit any data avail-
	able on any prior or current releases of hazardous wastes or constituents
	to the environment that may have occurred in the past or may still be
	occurring.

Please provide the following information

- a. Date of release
- b. Type of waste released

There have n	ot been a	ny releas	ses of ha	zardous	waste	from any	y solid w	aste
management u	nits of t	he termin	nal. The	unit 1	isted :	in our Pa	art A app	licatio
has never be	en used a	nd our re	egistrati	on is i	n the	process	of being	withdra
please provide which would de that exists as	(for eac scribe th a result	h unit) a e nature of such	any analy and exte releases	tical d ent of e . Plea	ata the nviron se foc	at may be mental co us on cor	e availab ontaminat ncentrati	le ion ons of
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I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the submittal is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (42 U.S.C. 6902 et seq. and 40 CFR 270.11(d))

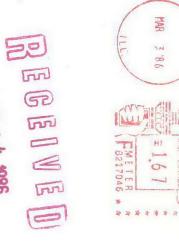
. A. Yanz, Terminal Manager Typed Name and Title	-
12 C	03/03/86
Signature	Date

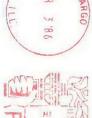
GATX TERMINALS CORPORATION

P.O. BOX 409 ARGO, IL 60501-0409

CERTIFIED

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RCRA Activities

Region V P.O. Box A3587

Attention: ATKJG Chicago, Illinois 60690

U.S. EPA, REGION V

CERTIFICATION REGARDING POTENTIAL RELEASES FROM SOLID WASTE MANAGEMENT UNITS

FACILITY NAME:	GATX Terminals Corporation
EPA I.D. NUMBER:	ILD 005 161 476
LOCATION CITY:	Bedford Park
STATE: _	Illinois
closed) at your	f the following solid waste management units (existing or facility? NOTE - DO NOT INCLUDE HAZARDOUS WASTE UNITS IN YOUR PART A APPLICATION
Storage Tank Container Sto Injection Wel Wastewater To Transfer Stat Waste Recycl Waste Treatme Other If there are "Yo provide a descri of in each unit	(Above Ground) (Underground) orage Area lls reatment Units tions ing Operations ent, Detoxification Es" answers to any of the items in Number 1 above, please iption of the wastes that were stored, treated or disposed In particular, please focus on whether or not the wastes
RCRA. Also inc disposed of and of each unit and	ered as hazardous wastes or hazardous constituents under lude any available data on quantities or volume of wastes the dates of disposal. Please also provide a description d include capacity, dimensions and location at facility. plan if available.
	astes treated, stored, or disposed at the facility except for
used, are tempor to an authorized recipient because	t sold as fuel. These residuals, which have not been previously rarily stored in one of three tanks prior to being shipped d TSD facility. The material is manifested by request of the se of the characteristics exhibited (i.e. ignitability), not consider them to be waste material.

NOTE: Hazardous wastes are those identified in 40 CFR 261. Hazardous constituents are those listed in Appendix VIII of 40 CFR Part 261.

	e provide the following information
С.	ate of release ype of waste released wantity or volume of waste released escribe nature of release (i.e., spill, overflow, ruptured pipe r tank, etc.)
Tł	re have not been any releases of hazardous waste from any solid waste
ma	agement units of the terminal. The unit listed in our Part A applicat
ha	never been used and our registration is in the process of being with
ple whi tha	gard to the prior or continuing releases described in Number 3 above, e provide (for each unit) any analytical data that may be available would describe the nature and extent of environmental contamination exists as a result of such releases. Please focus on concentrations of
ple whi tha	e provide (for each unit) any analytical data that may be available would describe the nature and extent of environmental contamination
ple whi tha	e provide (for each unit) any analytical data that may be available would describe the nature and extent of environmental contamination exists as a result of such releases. Please focus on concentrations of the such releases.

R. A. Yanz, Terminal Manager
Typed Name and Title

03/03/86 **Da**te



217/782-6761

Refer to:

0310120008 -- Cook County

GATX Terminals Corp.

110005161476 RCRA - Permits

Attn: Environmental Coordinator

or Plant Panager

Pay 6, 1988

GATX Terminals Corp. 8500 W. 60th St. Bedford Park. IL 60638

Dear Sir:

According to Agency files, your facility currently manages bazardous maste in containers and/or tanks subject to the requirements of 35 IAC 700-725. 35 IAC 703.187(f) states that interim status for any hazardous waste storage or treatment facility will be terminated Hovember 8, 1992, unless the facility subsits Part 8 of the RCRA permit application for these units to this Agency by Rovember 6, 1566. This letter is written to (1) make you aware of this requirement and (2) describe the actions which must be taken in response to this requirement.

According to 35 IAC 703.157(f), if an existing facility desires to (1) store hazardous waste on-site for greater than ninety (90) days, (2) treat hazardous waste, or (3) store hazardous waste as a commercial facility after hovember 8, 1992, it pust submit fart 8 of the RCRA permit application to this Agency by Hovember 8, 1988. The information which must be contained in this application is described in 35 IAC 703, Suppart D. The enclosed document, entitled "RERA Permit Guidance" provides more detail regarding the necessary contents of the application and also identifies several guidance occurrents which will be useful in developing the application. Also included in this document is the form which must be used when submitting the application.

If a facility does not desire to continue storing and/or treating hazardous taste after Hovember 8, 1992, it must close the storage and/or treatment unit(s) present at the facility prior to this date. Closure, is this instance, basically means that all contamination must be removed from the unit(s) and if necessary, from the area surrounding these units. The requirements which must be not in closing these units are contained in 35 TAC 725, Subpart G. For you convenience, guidance for the development of a closure plan is contained in the enclosed document entitled "Instructions for the Preparation of Closure Plans for Interim Status ACRA Hazardous Waste Facilities." PLEASE NOTE THAT A CLOSURE PLAN DOES NOT NEED TO BE SUBMITTED AT THIS THEE. IT HUST HOWEVER, BE SUBMITTED TO THE AGENCY HO LATER THAN MAY 8. 1992.



Page 2

In some instances, there may be several interim status hazardous waste management units at a facility. The facility may desire to pursue a final RCPA persit for a portion of these units and close the rest of them. Decause of the uncertainty associated with this option, all interim status units at a facility must be included in Part B of the RCRA permit application, unless a closure plan for the units being closed is submitted with the Part B. If a closure plan is subsitted with the Part B, the application need only address those units which will remain in operation.

The only alternatives available for hazardous waste treatment and storage facilities to meet the requirements of 35 IAC 703.187(f) are (1) submit Part B of the RCRA permit application by Movember 8, 1988 or (2) close by Movember 8. 1992. However, some facilities may have previously filed Part A of the RCRA permit application in error and now feel that the hazardous waste management activities carried out at the facility do not require a BCRA permit (i.e. the Fart A was filed for protective measures). If this is the case, the Agency requests that infermation supporting this position be submitted no later than Hovesber 5, 1986. The Agency can then review the information submitted and correct its records accordingly. The information which must be subsitted to make this demonstration is contained in the enclosed document entitled "Facility Part A Withdrawal Request Form."

Finally, some facilities may have closed or are currently closing in accordance with an IEPA approved closure plan. (Please bear in wind this letter is going out to over 200 facilities; some closed facilities may immdvertently receive this letter.) In this instance, the Agency requests that a copy of (1) the closure plan approval letter and (2) the letter from the Agency accepting the certifications of the owner/operator and the roistered professional engineer that closure was carried out in accordance with the approved closure plan (if closure has been completed) be submitted by November 8, 1980. The Agency will again be able to review this information and correct its records accordingly.

Because of the large number of facilities subject to the requirements of 35 IAC 703.157(f), the Agency requests that all facilities receiving this letter complete the enclosed form estitled "RCRA Peneit Information Form." The form has been developed such that it can be used by a facility falling into any of the five categories described above (persuing a final permit, planning to close, pursuing a permit for only a portion of the interim status units and closing the other units, protective filers, closed in accordance with an IEPA approved closure plan). This form cust be submitted to the Agency no later than November 8, 1988, along with all required attachments. Failure to do so may subject a facility to enforcement under State and/or Federal regulations and possible monetary penalties up to \$25,000 per day of noncompliance.



Page 3

The RCRA Permit Information Form and all required attachments must be subsitted in triplicate (original and two (2) copies) to the following address:

Permit Section, RERA Unit Division of Land Pollution Control Illinois Environmental Protection Agency 2200 Courchill Road F.G. Sox 19276 Springfield, IL 62794-9276

If you have any questions regarding this letter, please centact Jim Moore at 217/782-3875.

Very truly years,

Lawrence W. Easter, P.E., Manager Permit Section Division of Land Pollution Control

LNE:JKM:mab/12031/12041/

Enclosures

cc: Division File Compliance Haywood Region USPEA Region Y

Please print or type in the unshaded areas (fill—in areas are spaced for elite type, i.e.	., 12 ch rasters/inch).		Form Approved OMB No. 1:	58-R0175 UTY
1 SEPA	GENERAL INFOR	MATION Program	I. EPA I.D. NUMBER	JVEDED
LABELITEMS	(Read the "General Instructions	before starting.)	GENERAL INSTR If a preprinted label has b	een provided, affix
I. EPA I.D. NUMBER			it in the designated space, ation carefully; if any of it through it and enter the o	is incorrect, cross correct data in the
FACILITY			appropriate fill—in area bal the preprinted data is abse left of the label space lis	nt (the area to the ts the information
V. MAILING ADDRESS	PLEASE PLACE LABEL II	N THIS SPACE	that should appear), please proper fill—in area(s) belo complete and correct, you	w. If the label is need not complete
VI. FACILITY			Items I, III, V, and VI (must be completed regard items if no label has been	lless). Complete all provided. Refer to
VI. LOCATION			the instructions for deta tions and for the legal a which this data is collected.	
II. POLLUTANT CHARACTERISTICS				
nuestions you must submit this form	igh J to determine whether you need to and the supplemental form listed in t If you answer "no" to each question,	he parenthesis following the que	stion. Mark "X" in the box in	the third column
is excluded from permit requirements	; see Section C of the instructions, See a	lso, Section D of the instruction	s for definitions of bold—face d	terms.
SPECIFIC QUESTION	NS WARK 'X' YES NO ATTACHS		UESTIONS	YES NO ATTACHED
A. Is this facility a publicly owns which results in a discharge to (FORM 2A)		include a concentrated	(either existing or proposed) animal feeding operation or on facility which results in a U.S.? (FORM 2B)	X X 19 20 21
C. Is this a facility which currently to waters of the U.S. other than A or B above? (FORM 2C)	results in discharges		/ <i>lother than those described</i> will result in a discharge to M 2D)	Z5 25 27
E. Does or will this facility treat, hazardous wastes? (FORM 3)		F. Do you or will you inject municipal effluent below taining, within one que	t at this facility industrial or withe lowermost stratum con- arter mile of the well bore, frinking water? (FORM 4)	X
G. Do you or will you inject at this f water or other fluids which are b	rought to the surface	H. Do you or will you injec	t at this facility fluids for spe- nining of sulfur by the Frasch	
in connection with conventional of duction, inject fluids used for er oil or natural gas, or inject fluids	nhanced recovery of for storage of liquid		of minerals, in situ combus- covery of geothermal energy?	
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per year of any air pollutant Clean Air Act and may affect attainment area? (FORM 5)	regulated under the or be located in an	per year of any air pollu	tant regulated under the Clean or be located in an atta inment	
III. NAME OF FACILITY	40 A1 A2			
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IV. FACILITY CONTACT	ME & TITLE (lost, first, & title)		3. PHONE (area code & no.)	
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V. FACILITY MAILING ADDRESS	>	an is		
3 PO BOX 4 0 9	A. STREET OR P.O. BOX			
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VI. FACILITY LOCATION	TE NO. OR OTHER SPECIFIC IDENT	FIER		
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VIII. OPERATOR INFORMATION A. NAME B. Is the name listed in term VIII-A also to over convert the convert of the appropriate letter into the answer box; if "Other", specify.) C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.) C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.) C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.) D. PHONE (area code & no.) C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.) D. PHONE (area code & no.) C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.) S. STATE P. PRIVATE F. CITY OR TOWN G. STATUS N. ZIP CODE IX. INDIAN LAND IS the facility located on Indian lands? I. L. 6. 6. 5. 6. 1 S. YES NO S. EXISTING ENVIRONMENTAL PERMITS A. NPOES (Discharges to Surface Water) D. PSO (Air Emissions from Proposed Sources) B. N. I. L. O. 0. 3. 3. 5. 4. 5 B. N. I. L. O. O. 3. 3. 5. 4. 5 B. N. I. L. O. O. 3. 3. 5. 4. 5 B. D. D. PSO (Air Emissions from Proposed Sources) C. T. C. RERA (Hazardous Wastes) C. RERA (Hazardous Wastes) C. RERA (Hazardous Wastes) C. RERA (Hazardous Wastes) C. STATUS OF THER (specify) C. STATUS OF THER (specify) C. STATUS OF THER (specify) C. RERA (Hazardous Wastes)	CONTINUED FROM THE FRONT VII. SIC CODES (4-digit, in order of priority)					
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C. RERA (Hasardous Wastes) 8. OTHER (specify) 10. St. MAP Attach to this application a topographic map of the area extending to at least one mile beyond property bounderies. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements. XII. NATURE OF BUSINESS (provide a brief description) Storage and handling of various bulk liquids for hire. Client owned commodities of many different characteristics such as fats and oils, refined oil products, chemicals and petrochemicals are stored in bulk tanks. Commodities are received and shipped by road transport, rail, barge, pipeline and in some cases smaller containers. YIII. CERTIFICATION (see instructions) I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete, I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. A. NAME & OFFICIAL TITLE (type or print) R. W. Bogan— Vice President COMMENTS FOR OFFICIAL USE ONLY	9 U	9 15 16 17 18		30	997	
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R. W. Bogan- Vice President COMMENTS FOR OFFICIAL USE ONLY COMMENTS FOR OFFICIAL USE ONLY	attachments and that, based on my in application, I believe that the informati	quiry of those per ion is true, accurat	rsons immediately respo te and complete. I am au	nsible for obtain	ning the informat	ion contained in the
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Please print or type in the unshaded (fill—in areas are spaced for elite type		ch).						Form Approved OMB I	No. 158-S80004	474
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FOR OFFICIAL USE ONLY	100	TE .						ILD005	161471	6
APPROVED (vr., mo., & day)				-	-	со	MMENTS			
II. FIRST OR REVISED APPL	ICATION	THE S	-		-	-	257	100000000000000000000000000000000000000	B 10 15	150
Place an "X" in the appropriate box revised application. If this is your fi EPA I.D. Number in Item I above.	in A or B below (marrest application and you	k one box o u already k	only) to now you	indica ur faci	ate wh ility's	ether th EPA I.D	is is the fire Number,	st application you are submi or if this is a revised applica	itting for your fa tion, enter your	acility or a facility's
	See instructions for de Complete item below.	finition of	''existin	g'' fac	cility.			2.NEW FACILITY (Complete item i	ACILITIES.
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B. REVISED APPACATION (а сотріє і	e Item I	aoove	:)			2. FACILITY HAS	A RCRA PERM	im .
III. PROCESSES - CODES AN	ID DESIGN CAPAC	ITIES								
A. PROCESS CODE — Enter the co- entering codes. If more lines are describe the process (including i	needed, enter the coo	e(s) in the	space pi	rovide	d. If	a process	s will be us	to be used at the facility. The ed that is not included in the	Ten lines are pro e list of codes b	vided for elow, then
B. PROCESS DESIGN CAPACITY 1. AMOUNT — Enter the amou 2. UNIT OF MEASURE — For measure used. Only the unit	nt. each amount entered i	n column l	3(1), en	ter the	e code				t describes the u	nit of
measure used. Only the diffe	PRO- APPROPRI	ATE UNIT	SOF	Do do					ROPRIATE UN	
PROCESS	CESS MEASURE CODE DESIGN	I CAPACIT				PF	ROCESS		SURE FOR PR DESIGN CAPAC	
Storage: CONTAINER (barrel, drum, etc.) TANK	S01 GALLONS C				TAN	ment: K			ONS PER DAY	OR
WASTE PILE SURFACE IMPOUNDMENT	S03 CUBIC YAR CUBIC MET S04 GALLONS	DS OR ERS				FACE IN	POUNDM	ENT TO2 GALL LITER	ONS PER DAY RS PER DAY PER HOUR OF	
Disposal:								MET F	ONS PER HOURS PER HOUR	HOUR;
INJECTION WELL LANDFILL	D79 GALLONS C D80 ACRE-FEET would cover	(the volun	re that		thern	ral or bic	ological tre	al, chemical, TOA GALL	ONS PER DAY	OR
LAND APPLICATION	depth of one HECTARE-N D81 ACRES OR	TETER HECTARE			surfa	ce impou Describ	occurring i indments o be the proc	r inciner- esses in		
SURFACE IMPOUNDMENT	D82 GALLONS F LITERS PER D83 GALLONS C	DAY			tne s	pace pro	vided; Iten	i III-C.)		
	UNIT OF MEASURE						UNIT OF			UNIT OF MEASURE
UNIT OF MEASURE	CODE	UNIT OF					CODE	UNIT OF MEASUF	RE	CODE
LITERS	L Y	TONS PE METRIC	R HOU	R	OUR		D	HECTARE-METER ACRES		F
CUBIC METERS	U	LITERS	ER HO	UR.			, , , H	HECTARES		
other can hold 400 gallons. The fa	cility also has an incin	erator that	can bur	n up t	to 20	gallons p	er hour,	o storage tanks, one tank car	n nota 200 gallo	ns and the
DUP DUP	31	11	1	1	1	11	111		111	11
LA PRO-	S DESIGN CAPACI	TY			Œ	A. PRO	В.	PROCESS DESIGN CAR	PACITY	
CESS CODE	MOUNT	2. UNIT	OFFIC US	HAL	ME	CESS		1. AMOUNT	2. UNIT OF MEA- SURE	FOR OFFICIA USE
	ecify)	SURE (enier code)	ONI		LINE	(from lis			(enter code)	ONLY
X-18-02-60	27	<u>23</u>	29 -	32	5	16 - 18	3 13	-	27	29 - 3
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EPA Form 3510-3 (6-80)	- 27	2,9	29 -	32 AGE	A COLUMN	The second second	1 19 7 19	7 100F	CONTINUE C	N REVERS

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

This application is for storage only for over 90 days prior to proper disposal by others. No disposal or treatment facilities are included.

IV. DESCRIPTION OF HAZARDOUS WASTES

- A. EPA HAZARDOUS WASTE NUMBER Enter the four—digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four—digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non—listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- 1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- 2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- 3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non—listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

				P/				UNIT		D. PROCESSES									
LINE NO.	V	VA	AZARD. ASTENO nter code) B. ESTIMATED ANNUAL QUANTITY OF WASTE		SUF (ent	SURE (enter code)				1.	PR		ES:	s cop er)	ES		2. PROCESS DESCRIPTION (ij a code is not entered in D(1))		
X-1		K	0	5	4	900	P		T	0	3	L) 8	3 0					
X-2		D	0	0	2	400	P		T	0	3	L) 8	3 ()				
X-3	3 1	D	0	0	1	100	P		T	0	3	L) 8	3 0)				
X-4		D	0	0	2								1						included with above

NOTE: Photocopy this page before completing

FOR OFFICIAL USE ONLY EPA I.D. NUMBER (enter from page 1) DUP DUP IV. DESCRIPTION OF HAZARDOUS WASTES (continued) C. UNIT OF MEA SURE (enter code) D. PROCESSES B. ESTIMATED ANNUAL QUANTITY OF WASTE NO. HAZARD, WASTENO (enter code) 1. PROCESS CODES
(enter) 2. PROCESS DESCRIPTION (if a code is not entered in D(1)). P 1.000 U 0 0 2 P U 0 0 8 1.000 P U 0 1 9 1.000 P U 0 3 1 1.000 5 P U 0 5 7 6 Ul 1 2 P U 1 1 3 1.000 01 U 1 2 2 1.00p 9 U 1 4 0 P .00 B 10 U 1 5 4 11 5 P U 1 9 φ 12 U 2 20 P 13 2 3 9 U U 2 1 3 14 D 0 0 1 1.960 15 P D 0 0 2 1.00 p 16 p 17 18 19 20 21 23 24 25 26

EPA Form 3510-3 (6-80)

EPA Form 3510-3 (6-80)

IV. DESCRIPTION OF HAZARDOUS WASTES

ntinued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE

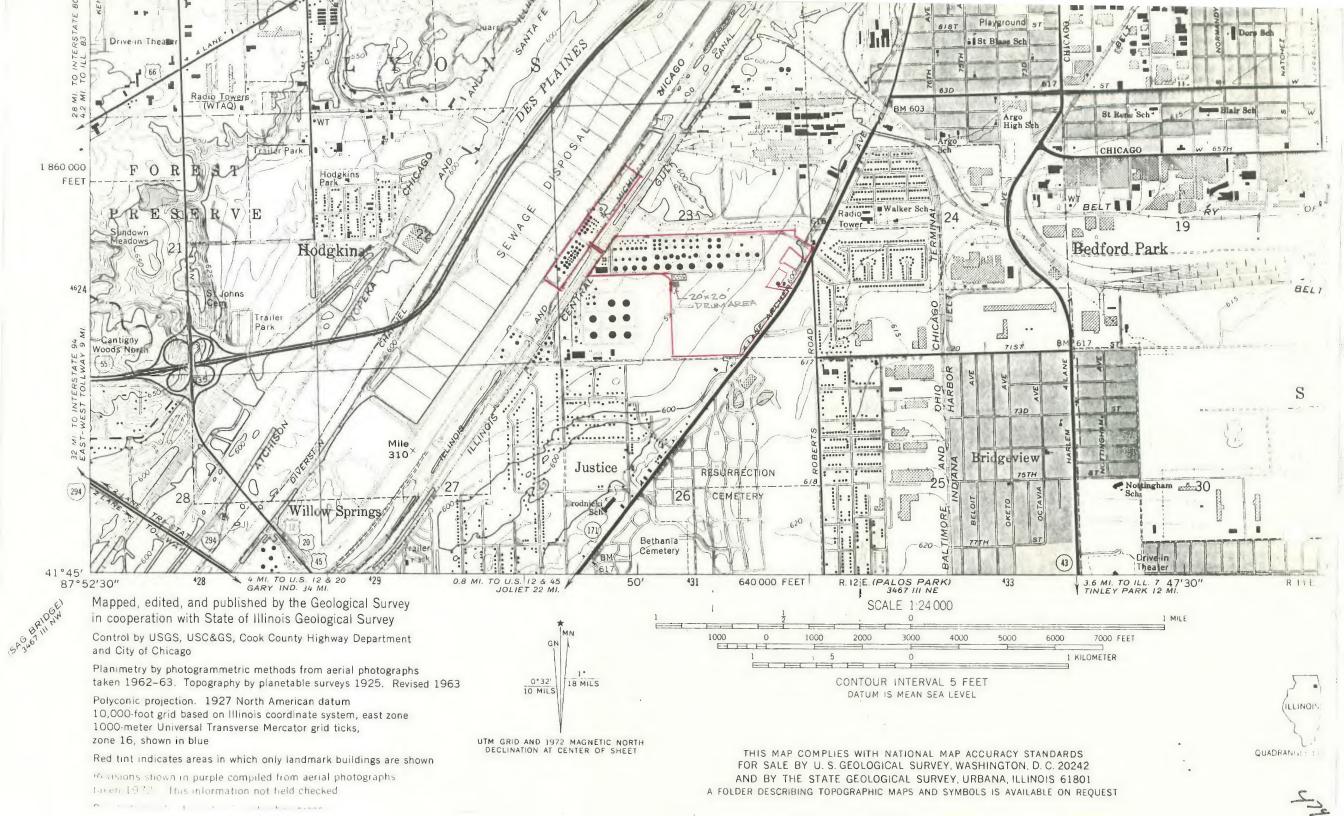
The waste is not normally generated, stored or shipped out for disposal where zero appears on the preceding page. It may be disposed of off site as a result of an unusual condition or accident.

EPA 1.D., NO. (enter from page 1) F # 4 # 76 36			F6	A/S	3		
V. FACILITY DRAWING		an of the facility (see instruction	e for more de	tni/1			
All existing facilities must include in the space provided on VI. PHOTOGRAPHS	page 5 a scale drawn	ig of the facility isae instruction	s for more de	ten).	E SE	-	
All existing facilities must include photographs (aer	rial or ground—leve	/) that clearly delineate all e	xisting struc	tures: ex	isting sto	rad/	
treatment and disposal areas; and sites of future sto	orage, treatment or	disposal areas (see instruction	ons for more	detail).	FloA	150	0
VII. FACILITY GEOGRAPHIC LOCATION	MATERIAL TOP	STATE OF THE STATE	THE ST.	- 12		1	
LATITUDE (degrees, minuta) de la dela	(s)	LONGIT	Magrees, m	inutes, &	seconds)		
4 1 4 6 0 1		192	7 4	9 2 3	Q 79		
VIII. FACILITY OWNER	- 73 - 1911				15	194	
A. If the facility owner is also the facility operator as skip to Section IX below.B. If the facility owner is not the facility operator as				"X" in th	e box to t	he left and	1
1. NAME OF FACI	LITY'S LEGAL OWI	VER		2. PHO1	NE NO. (a)	ea code &	no.)
E ·					-		П
15 16 3. STREET OR P.O. BOX		4. CITY OR TOWN	5.9	56 - 58	59 - 6 6. ZIP		55
F	С						
F 15 1t	45 18 16		40 41	42	47 -	-51	
IX. OWNER CERTIFICATION		医克里氏病 建基础系统	3330				
I certify under penalty of law that I have personally documents, and that based on my inquiry of those submitted information is true, accurate, and comple including the possibility of fine and imprisonment. A. NAME (print or type) R. W. Bogan - Vice Presiden	individuals immediete. I am aware tha	ately responsible for obtaining	ing the infoi ies for subn	mation,	l believe t lse inforn	that the	
	1 / lh	regar					
X, OPERATOR CERTIFICATION	A STATE OF STREET	7	- 24				
I certify under penalty of law that I have personally documents, and that based on my inquiry of those submitted information is true, accurate, and comple including the possibility of fine and imprisonment.	individuals immedi ete. I am aware tha	ately responsible for obtaining	ing the info	mation,	I believe i	that the	V
A. NAME (print or type)	B. SIGNATURE	1 1	С	DATE SI			
Roy E. Liesch, Terminal Manager	17	String		11/1	7/80		

CONTINUE ON PAGE 5

V. FACILITY DRAWING (see page 4)

PECOPD OF	PHONE CALL DISCUSSION	FIELD TRIP	CONFERENCE
RECORD OF COMMUNICATION	OTHER (SPECIFY)		
		n checked above)	
TO:	FROM:	DATE	3124/81
Giovacchini, Joe	David Home	TIME	3'15
(LD005161476 GAT)	Terminals Coup.		
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zero because they		pill. I	explained
they needed to give a			sow d
OK by him.			
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	12	2	113	2.5 2.5 2.5	E3 E3	K E			H	HH	e fee		252	k w		n n	14 kg	E E E	3/2		Te	E E E		22	*
	01/20/00	21/20/00	00/00/00	E 8 3 2 5 D 8 9 D	31/20/09	80/02/65	e n	E3	2000000	80/08/03	60/06/19 60/06/25 7 62/90/08	80/08/18	200	00/04/18	02/00/08	60/08/18 1	00/00/99	60/001/00 60/001/00 60/001/00	e eliabida	800 au 7 2	60121103	80/06/15 3	02 20 20	07 126 700	000000000000000000000000000000000000000
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UNITED STATES INVIRONMENTAL PROTECTION AGENC REGION V

230 SOUTH DEARBORN ST. CHICAGO, ILLINOIS 60604

1LD005161476

REPLY TO ATTENTION OF:

5HW

12/22/82

Subject: Resource Conservation and Recovery Act (RCRA) Financial Responsibility Requirements

Under RCRA, Illinois, Indiana, and Wiscosin are authorized states: your firm must meet state financial responsibility requirements rather than the federal requirements contained in 40 CFR Part 265. Contact the state agency (ies) identified below about these require-

Feel free to contact me with questions at (312) 886-4023.

Sincerely,

Thomas B. Golz

Environmental Scientist

Enclosure(s): Returned material(s)

) letter of credit

() surety bond

) financial test

) corporate guarantee

) closure or post-closure insurance

-) liability insurance

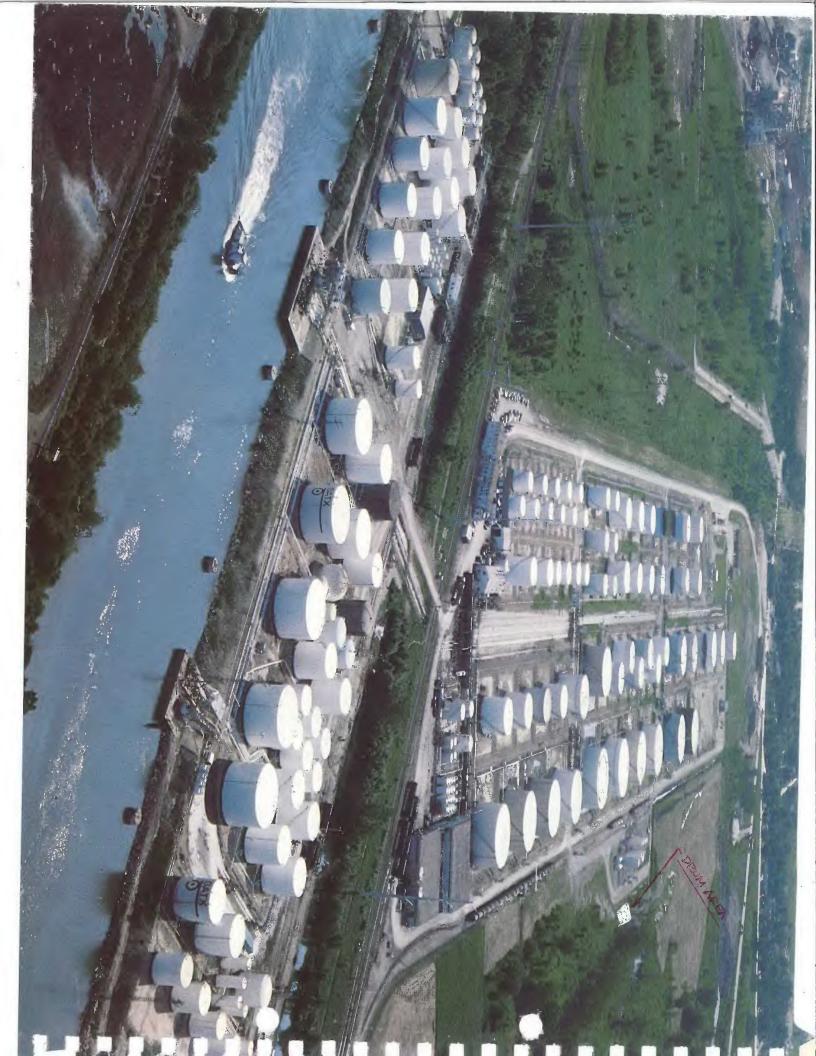
copy (X) Mr. Scott Phillips () Mr. Patrick Haines () Mr. Robert Eckdale Illinois EPA 2200 Churchill Road Springfield, IL 62706

Indiana State Board of Health 1330 W. Michigan St. Indianapolis, IN

Wisconsin DNR Box 7921 Madison, WI 53707 . INSTRUMENTS FOR INSURANCE .

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or

engineering drawing

occurred

This type of media is not compatible with this film format, which would require that the over-sized document be folded and filmed in multiple frames.

To enable the user to see this over-sized document as a single entity, it has been microfilmed on 35mm film.

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ate Review Star	red 3/1/8/ Interim Regulatory Requirements :
	A. (1) FORM 1 MISSING .
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	B. POSTMARK after NOVEMBER 19, 1980 ! Valid
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•	(2) DATE of OPERATION after NOVEMBER 19, 1980 1
	D. (1) NOTIFIED after AUGUST 18, 1980 Valid
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	B. NONREGULATED
	C. UNSURE
	D. UNKNOWN FACILITY [] (missing name and address on Form 3)
	E. NEW FACILITY
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	BPHONE CALL UDISCUSSION UFIELD TRIP DCONFERENCE	
RECORD OF COMMUNICATION	OTHER (SPECIFY)	
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TO:		

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IV.	Facility Contact	11
V.	Facility Mailing Address	•
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•	B. City or Town C. State	
	D. Zip Code Facility Location	-
ΛŤ.	*A. Street, Route Number	
	B. County Name *C. City or Town	The state of the s
•	*D. State E. Zip Code	il ll
	F. County Code (if known)	11
VII.	SIC Codes (other than Process and Hazardous Was codes)	te L_l
VIII.	Operator Information	·
	*A. Name	
	*B. Is the name listed in VIII-A also the owne	Ľ [
	C. Status of operator D. Phone	
where a	*E. Street or P.O. Box	₌₌₌₌₌
	*F. City or Town *G. State	-
I.D.# IL	H. Zip Code DOU 5/6/476	
4. U. T	Reviewer	's Initial

		· , .	FORM 1 (EPA FO	DRM 3510-1)		CHECK IF ITEM MISSING
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х.	Exist	ing Envir	onmental Perm	its		
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FORM 3 (EPA FORM 3510-3)

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	*C.	Unit of Me	asure				XI
q	*D.	Processes					
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I.D.# ILD005/6/476

FORM 3 (EPA 3510-3)

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	6.	Zip Code.					-
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I.D.# <u>FLD005</u>	5/6/	4.76
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1.D.# Id	15005161476	
Facility Name	GATX Term Corp ACKNOW	LEDGEMENT SENT
Reviewer D	olus INTERNAL CHECKLIST	
Date Review Star	ted 3/11/8/	
1.	Interim Regulatory Requirements :	
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	D. UNKNOWN FACILITY (missing name and address on Form 3)	11
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	H. OTHER	.

RECORD OF COMMUNICATION	MPHONE CALL DISCUSSION FIELD TRIP CONFERENCE
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SUBJECT	
Facility I.D. #/ Facility Na	me
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*III.	Name of Facility			
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le l	C. State	at the second		<u></u>
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177	Booklite Toontion		r.a	
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	F. County Code	(if known)		1_1
. VII.	SIC Codes (other	than Process	and Hazardous	Waste
	codes)			
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	*B. Is the name	listed in VII	I-A also the	owner .
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FORM 3 (EPA FORM 3510-3)

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III.			Commence
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	*B. Process Design Capacity-Amount		
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· IV	Description of Hazardous Wastes		_
	*A. EPA Hazardous Waste Number		
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VI	Photographs .		to desired to
VII	Facility Geographic Location Latitu	ade .	
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I.D.# ILD005/6/476

FORM 3 (EPA 3510-3)

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VIII.	Facilty Owner	
	*1. Name of Facility's Legal Owner	11
	2. Phone	1_1
	*3. Street or P.O. Box	1_1
	*4. City or Town	1_1
	*5. State	11
	6. Zip Code	11
IX.	Owner Certification	
	*A. Name	
	*B. Signature	1_1
	*C. Date Signed	1_1
· X.	Operator Certification	-
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I.D.# IL DO05/6/476

Reviewer's Initial

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3	Form 3, 1% Bisigned?			9
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UNITED STATES ENVIRONMENTAL PROTECTION AGENCY REGION V

230 SOUTH DEARBORN ST. CHICAGO, ILLINOIS 60604

APR 8 1982
Roy E. Liesch, Terminal Manager
GATX Terminals Corporation
P.O. Box 409
Argo, Illinois 60501

REPLY TO ATTENTION OF:
RCRA ACTIVITIES

RE: Interim Status Acknowledgement FACILITY NAME: GATX Terminals Corp.

USEPA ID No. ILD005161476

Dear Mr. Liesch:

This is to acknowledge that the U.S. Environmental Protection Agency (USEPA) has completed processing your Part A Hazardous Waste Permit Application. It is the opinion of this office that the information submitted is complete and that you, as an owner or operator of a hazardous waste management facility, have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for Interim Status. However, should USEPA obtain information which indicates that your application was incomplete or inaccurate, you may be requested to provide further documentation of your claim for Interim Status. Our opinion will be reevaluated on the basis of this information.

As an owner or operator of a hazardous waste management facility, you are required to comply with the interim status standards as prescribed in 40 CFR Parts 122 and 265, or with State rules and regulations in those States which have been authorized under Section 3006 of RCRA. In addition, you are reminded that operating under interim status does not relieve you from the need to comply with all applicable State and local requirements.

The printout enclosed with this letter identifies the limit(s) of the process design capacities your facility may use during the interim status period. This information was obtained from your Part A Permit application. If you wish to handle new wastes, to change processes, to increase the design capacity of existing processes, or to change ownership or operational control of the facility, you may do so only as provided in 40 CFR Sections 122.22 and 122.23.

As stated in the first paragraph of this letter, you have met the requirements of 40 CFR Part 122.23; your facility may operate under interim status until such time as a pennit is issued or denied. This will be preceded by a request from this office or the State (if authorized) for Part B of your application. Please contact Arthur Kawatachi of my staff at (312) 886-7449, if you have any questions concerning this letter or the enclosure.

Sincerely yours,

Karl J. Klepitsch, Jr., Chief

Waste Management Branch

Enclosure

ce: R.W. Bogan

gr# 5/8/02

FACILITY NAME

GATX TERMINALS CORP

EPA ID NUMBER

ILD005161476

FACILITY OPERATOR

GATX TERMINALS CORP

FACILITY OWNER

GATX TERMINALS CORP

FACILITY LUCATION

8500 W 68TH STREET BEDFORD PARK

IL 60501

PROCESS CODE

DESIGN CAPACITY

UNIT OF MEASURE

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FACILITY ID / LD - 005- 61-476 coded by, 1 date coded 85 04 05-FACILITY NAME GATX / ERMINALS CORP FACILITY CITY ARGO CLOSURE AND POST CLOSURE NEW CURRENT CLOSURE COST ESTIMATE CHANGE CURRENT POST CLOSURE COST ESTIMATE DELETE PRIOR CLOSURE COST ESTIMATE PRIOR POST CLOSURE COST ESTIMATE INSTRUMENTS FOR ASSURANCE X NEW AMOUNT COVERED CLUSURE CODE CHANGE SEQUENCE NO. AMOUNT COVERED POST CLOSURE DELETE STATUS CURRENT VALUE CLOSURE FREE FIELD 1 CURRENT VALUE POST CLOSURE FREE FIELD 2 DATE EXPIRES FREE FIELD 3 COMMENT TEXT (80 CHARACTERS MAXIMUM): 0HD 004 224085 FINANCIAL PARTIES X NEW SEQUENCE NO. NAME ERNST. AND WHINNEY CHANGE MAILING ADDRESS 150 S. WACKER DR DELETE CITY CHICAGO STATE 14 ZIP CODE 60606 SEQUENCE NO. NEW CHANGE DELETE MAILING ADDRESS 1 7 MAY - 1983

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STATE

INSTRUMENTS FOR INSURANCE

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January 14, 1983

check agent Part Blint GATX TERMINALS CORPORATION

120 SOUTH RIVERSIDE PLAZA CHICAGO, IL60606 POR 312-621-6200 WHITE

Mr. Valdas Adamkus Regional Administrator Environmental Protection Agency 230 S. Dearborn Chicago, Illinois 60604

Re:

BEDFORD PARK, ILLINOIS ID NO. 1LD005161476

Dear Sir:

Pursuant to 40 CFR 265.147(b) the undersigned is required to demonstrate financial responsibility either through the obtaining of liability insurance or the satisfaction of certain financial tests with respect to the facility referred to above. The undersigned acted promptly to obtain liability insurance, but because of delays in the underwriter's review, no policy has issued to date. We are continuing to work with underwriters and hope to obtain such insurance in due course. Also, though the undersigned is a subsidiary of GATX Corporation and has satisfied the financial requirements of 40 CFR 265.145 through intercorporate guarantees, such guarantees are not applicable to 40 CFR 265.147(b). It is therefore impossible for the undersigned to meet the liability requirements of that regulation on this date.

We shall notify you promptly in accordance with 40 CFR 265.147(b)(1) as soon as appropriate liability insurance has been obtained. We also believe that, if such insurance is not obtainable, our financial resources are more than adequate to cover liability for nonsudden accidental occurrences and request a variance under 40 CFR 265.147(c). We will supply you with any information you require to support this request for variance.

Very truly yours,

GATX TERMINALS CORPORATION

W. Bogan

Vice President

JAN 20 1983

WASTE MANAGEMENT BRANCH EPA. REGION V

Log #A015



217/782-6761

Refer to: 0310120008 -- Cook County

GATX Terminal Corporation

ILD005161476 RCRA Part A

February 3, 1988

Mr. H.J. Sanders GATX Terminal Corporation 67th Street and Archer Road P.O. Box 409 Argo, Illinois 60501

Dear Mr. Sanders:

This is in response to your request to withdraw the Part A application for the subject facility. An Agency review of records and an inspection of the facility conducted on October 17, 1986 confirms that this facility should be reclassified as a generator only status and the Part A withdrawn.

Your I.D. number (ILD005161476) will be retained in case this facility generates, stores, treats or disposes of regulated quantities of hazardous waste in the future.

Should you have any questions regarding this matter please contact Karen Nachtwey at (217) 782-0892.

Very truly yours,

Lawrence W. Eastep, P.E., Manager

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Permit Section

Division of Land Pollution Control

LWE:KEN:dh/1

cc: Northern Region

Compliance Montioring

USEPA V - Jim Mayka 🖟 USEPA V - Mary Murphy

Division File - RCRA Part A

USEPA V - Art Kawatachi